

**INSURANCE LICENSING SECTION
2910 NORTH 44TH STREET, SUITE 210
PHOENIX, ARIZONA 85018-7269**

CERTIFICATE OF ASSUMED BUSINESS NAME

Select one of the following: **New** ☐ (not previously filed)
Change ☐ (previously filed but reporting a change)

FULL GENUINE NAME OF LICENSEE:				AZ INSURANCE LICENSE #:	
ASSUMED NAME:					
Business (Physical) Street Address			Mailing Address (optional)		
City	State	Zip Code	City	State	Zip Code
Physical Street Address of Residence (if an individual licensee)			Business Area Code and Telephone Number		
City	State	Zip Code	Residence Area Code and Telephone Number		
E-mail Address (optional)			Fax Area Code and Telephone Number (optional)		

ACKNOWLEDGMENT AND CERTIFICATION

As the person conducting or intending to conduct insurance under the assumed name on this Certificate, or as two of the owners, officers, directors, partners, trustees or LLC members/managers of a firm or corporation which is conducting or intends to conduct insurance under the assumed name on this Certificate, by my/our signature(s) below, I/we hereby acknowledge and certify:

- 1) That, in accordance with A.R.S. § 20-297, a licensee must submit an updated CERTIFICATE OF ASSUMED BUSINESS NAME before doing business under any name other than the licensee's legal name;
- 2) That the Director of Insurance may deny the use of an assumed business name, require the use of a different assumed business name or required the use of an assumed business name under this section if
 - the name is so similar to that of any firm, corporation or other entity already licensed or using an assumed name under a duly filed CERTIFICATE OF ASSUMED BUSINESS NAME as to cause uncertainty or confusion, or
 - the name would tend to deceive or mislead as to the nature of the business that is or will be conducted;
- 3) That the licensee must notify the Insurance Department in writing within 30 days after any material change to the information provided on this form.
- 4) That the filing of this certificate does not legally reserve the assumed business name as a trade name*.

**NOTE: A trade name can be reserved with the Office of the Arizona Secretary of State if business will be transacted from an Arizona location. If you have received a Trade Name Certificate from the Arizona Secretary of State, please attach it to this Certificate.*

Signature: _____ Printed Name: _____ Date: ____/____/____